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(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Busine	ss Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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9/27 **DANNY**

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ONVERGIA, INC	
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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR FILED AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

2022 SEP 27 AM 10: 25

F0200000	01223		Carrier El
	(Document number of corporation	(if known)	·
CONVERGIA,	, INC.		
(Name of corpo	oration as it appears on the records o	of the Department of Sta	ite)
Delaware 2.	3. Marcl	h 8, 2002 (Date authorized to do b	
(Incorporated under law)	s of)	(Date authorized to do b	ousiness in Florida)
(4-7 CO	SECTION II OMPLETE ONLY THE APPLICA	ABLE CHANGES)	
4. If the amendment changes the name of the coincorporation?	· •		its jurisdiction of
5. (Name of corporation after the amendment, not contained in new name of the corporation	adding suffix "corporation," "compa	any," or "incorporated,"	or appropriate abbreviation, i
(If new name is unavailable in Florida, enter	alternate corporate name adopted fo	r the purpose of transac	ting business in Florida)
6. If the amendment changes the period of	duration, indicate new period of du	ration.	
	(New duration)		
7. If the amendment changes the jurisdiction	on of incorporation, indicate new ju	risdiction.	
	(New jurisdiction)		-
8. If amending the registered agent and/or r new registered agent and/or the new regis		, enter the name of the	<u>.</u>
Name of New Registered Agent	·		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if cha		and the able of the	La anciei e
I hereby accept the appointment as registere	ea agent. I am Jamiliar with and ac	cept the obligations of t	ne position.
Signature of New Register	ed Agent, if changing		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity Type of Action <u>Name</u> <u>Address</u> Director Gilley, Thomas Shaw 237 Hymus Blvd. Pointe-Claire, Quebec 442547 □Add **Remove** □Add Remove Remove □Add Remove □Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

(Typed or printed name of person signing)

SECRETARY TREASURER (Title of person signing)